

F1700000425.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

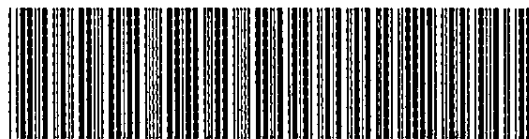
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 22 2017

Y SULKER

LAW OFFICES
SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER & PERSINGER, LLP

ONE TWENTY TWO EAST FOURTH STREET

P.O. BOX 927

MARION, INDIANA 46952

TELEPHONE (765) 664-7307

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ESTABLISHED 1931

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JASON D. MEVICKER*

MICHAEL T. HOTZ

*ALSO LICENSED IN FLORIDA

OF COUNSEL

HERBERT A. SPITZER, JR.

CHARLES E. HERRIMAN

JOSEF D. MUSSER

September 20, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Re: The Caring Foundation Incorporated

Ladies or Gentlemen:

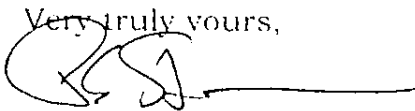
Enclosed you will please find the following documents for Authorization to Conduct Business in the state of Florida:

1. Cover letter.
2. Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida.
3. Check in the amount of \$70.00.
4. Certificate of Existence from the Secretary of State of Indiana.

If we have not included all necessary information, please let us know.

Thank you in advance for your assistance.

Very truly yours,



Phillip E. Stephenson

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Caring Foundation, Incorporated
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Phillip E. Stephenson

Name of Person

Spitzer Herriman Stephenson Holderead Conner & Persinger

Firm/Company

122 East Fourth Street

Address

Marion, IN 46952

City/State and Zip Code

pstephenson@shshlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip E. Stephenson

Name of Person

at (765)

Area Code

664-7307

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. The Caring Foundation, Incorporated

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 15, 2017 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. No business conducted.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1800 North Wabash Road, Marion, IN 46952

(Principal office address)

(Current mailing address, if different)

8. Non-profit private foundation organized for charitable purposes.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ron Clark

Office Address: 500 South Florida Avenue

Lakeland

(City)

Florida 33801

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Autum Jo Shugard
Address: 9 Byron Court
Gas City, IN 46933

Vice Chairman: Michael Joseph Long
Address: 3911 E. 200 N.
Marion, In 46952

Director: Kimm Diane Davis
Address: 3651 North Moorland Drive
Marion, IN 46952

Director: Maria Genny Garcia
Address: 2684 SW 146th Street
Ocala, FL 34473

B. OFFICERS

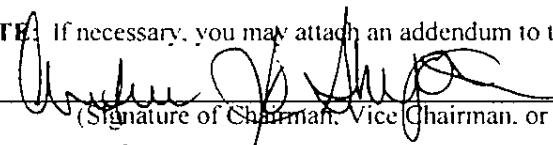
President: Autum Jo Shugart
Address: 9 Byron Court
Gas City, IN 46933

Vice President: Michael Joseph Long
Address: 3811 E. 200 N.
Marion, IN 46952

Secretary: Kimm Diane David
Address: 3651 North Moorland Drive, Marion, IN 46952

Treasurer: Kimm Diane David
Address: 3651 North Moorland Drive, Marion, IN 46952

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Autum Jo Shugart

(Typed or printed name and capacity of person signing application)

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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE CARING FOUNDATION, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 15, 2017, and was in existence or authorized to transact business in the State of Indiana on September 19, 2017.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 19, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201708151209620 / 2017408216

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>